



Squire Patton Boggs (US) LLP
2550 M Street, NW
Washington, DC 20037

O +1 202 457 6000
F +1 202 457 6315
squirepattonboggs.com

Monica S. Desai
T +1 202 457 7535
Monica.desai@squirepb.com

July 1, 2014

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: **Adak Telephone Utility**
FCC Form 481 – WC Docket Nos. 10-90 and 11-42

Dear Ms. Dortch:

Monica Desai of Squire Patton Boggs, LLP, hereby files FCC Form 481 on behalf of Adak Telephone Utility. Pursuant to the Protective Order adopted in the above-referenced proceeding, please find enclosed one copy of the confidential version of this filing, and two copies of the public version of this filing in redacted form with an accompanying copy of this cover letter.

Each page of the confidential version bears the legend “CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN Docket No. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.”

The copies of the public version and the accompanying cover letter bear the legend “REDACTED – FOR PUBLIC INSPECTION.”

Two copies of the confidential version of this filing also are being directed to Mr. Charles Tyler of the Telecommunications Access Policy Division – Wireline Competition Bureau, as required by the Protective Order.

44 Offices in 21 Countries

Squire Patton Boggs (US) LLP is part of the international legal practice Squire Patton Boggs, which operates worldwide through a number of separate legal entities.

Please visit squirepattonboggs.com for more information.

Squire Patton Boggs (US) LLP

July 1, 2014

Should you have any questions with respect to the filing, please contact the undersigned.

Respectfully submitted,



Monica S. Desai
Squire Patton Boggs, LLP
2550 M Street, NW
Washington, DC 20037
202-457-7535
Counsel to Adak Eagle Enterprises

cc: Charles Tyler

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	610989
<015> Study Area Name	ADAK TEL UTILITY
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Andilea Weaver
<035> Contact Telephone Number: Number of the person identified in data line <030>	9072220844 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	aweaver@adaktu.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>			
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: right; padding-top: 5px;"><i>(attach descriptive document)</i></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: right; padding-top: 5px;"><i>(attach descriptive document)</i></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: right; padding-top: 5px;"><i>(attach descriptive document)</i></div>	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<610>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: right; padding-top: 5px;"><i>(attach descriptive document)</i></div>	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<input type="radio"/> <input checked="" type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: right; padding-top: 5px;"><i>(attach descriptive document)</i></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	<input type="radio"/> <input checked="" type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to <u>Price Cap Additional Documentation Worksheet</u>			
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>			
<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to <u>ROR Additional Documentation Worksheet</u>			
<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaku.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
	If your answer to line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>

If your answer to line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

610989 AK Network Improvement.pdf

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

4

1/1/2014
40.6

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL. UTILITY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andiea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktcu.net

Page 5

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	AndiLea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net
<910>	Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select
(Yes, No,
NA)

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilee Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)



<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)



(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andiea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaku.net

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div style="background-color: yellow; padding: 2px;">610989 AK 1210 Lifeline Terms & Condt. pdf</div>
--------	--	---

<1220>	Link to Public Website	HTTP http://adaku.net
--------	------------------------	--

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCS receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Retain Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL. UTILITY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andiea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(i) as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

(3000) Base of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	610989
<015> Study Area Name	ADAK TEL. UTILITY
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Andilee Weaver
<035> Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaku.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). Further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held NOR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

☒

(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

☒

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☒

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

610989 RK 3017 RUS 479.pdf

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(Yes/No)

☐

(3018) If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3020 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	610989
<015> Study Area Name	ADAK TEL UTILITY
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035> Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ADAK TEL UTILITY	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 6/1/2014
Printed name of Authorized Officer: Andilea Weaver	
Title or position of Authorized Officer: VP/COO	
Telephone number of Authorized Officer: 9072220844 ext.	
Study Area Code of Reporting Carrier: 610989	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	610989
<015> Study Area Name	ADAK TEL UTILITY
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035> Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Network Improvement Plan

Pages 15 – 22

Redacted for Public Inspection

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014
40.6

[illegible]

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andlea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaku.net

[illegible]

[illegible]



**ADAK TELEPHONE UTILITY
WINDY CITY CELLULAR**

Lifeline and Link-Up Assistance Program

SUBSCRIBER APPLICATION FORM – Document must be completed by person seeking Lifeline service

First Name	Last	M.I.	Date
Address	Temporary or Permanent	Unit #	
City	State	ZIP	
Birthdate	E-mail Address		
Last 4 Digits of Social Security#	Driver's License State	Driver's License #	

Current Telephone Service

- ☐ I do not currently have telephone service
- ☐ I currently have telephone service at the above address: Phone # 907-
- ☐ I currently receive monthly Lifeline assistance for the above line.
(Note: Lifeline assistance is limited to one phone line, landline or cellular)
- ☐ I previously received Link Up assistance at the above address.
(Note: You may not receive Linkup Assistance more than once at the same residence)

ELIGIBILITY REQUIREMENTS – Assistance Program Participation or Household Income Level (Check A or B)

- A. ☐ I currently participate in or receive benefits from one or more of the following Programs
(For each program checked, you will need to provide proof of participation before the application will be accepted).

Assistance Program Participation

- | | |
|---|--|
| <input type="checkbox"/> Medicaid (not Medicare) | <input type="checkbox"/> Child Care Assistance Program |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Women, Infants and Children's Program |
| <input type="checkbox"/> Denali Kid Care | <input type="checkbox"/> Pioneer Home Payment Assistance |
| <input type="checkbox"/> Alaska Adult public Assistance program | <input type="checkbox"/> National School Lunch Program |
| <input type="checkbox"/> Veterans Administration (VA) Disability Pension | <input type="checkbox"/> Alaska State Housing Corporation's Programs (Public Housing, Interest Rate Reduction for Low Income Borrowers, Home Investment Partnership "HOME", Low Income Housing Tax Credit Program, Senior Citizen Housing Development or |
| <input type="checkbox"/> State of Alaska Heating Assistance Program | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alaska State Housing Corporation's Federal Public Housing Assistance (Section 8) | |
| <input type="checkbox"/> Low Income Home Energy Assistance | |
| <input type="checkbox"/> Temporary Assistance for Needy Families | |
| <input type="checkbox"/> Alaska Temporary Assistance Program | |

- B. ☐ There are _____ members of my household and my household income is at or below 135% of the Federal Income Eligibility Thresholds. (Note: You must provide documentation verifying your household income. When providing documents pertaining to monthly benefits or wages, customer must provide 3 consecutive months of proof.)

Income Eligibility Thresholds

Size of Household	Lifeline eligibility Level for 2012 for Alaska	Documentation of "household" income must be provided in one of the following form:
1	\$18,860	<ul style="list-style-type: none"> • A previous year's state of federal tax return • A current income statement from an employer or 3 months of paycheck stubs • A statement of benefits from the U.S. Social Security Admin. • A statement of benefits from the U.S. Dept. of Veterans Affairs • A retirement or pension statement of benefits • An unemployment or worker's compensation statement of benefits • A federal or tribal notice of letter of participation in general assistance • A divorce decree or child support document • Any other official documentation to substantiate income <p><i>"Household" means all persons who occupy a housing unit, regardless of whether they are related to each other.</i></p>
2	\$25,542	
3	\$32,225	
4	\$38,907	
5	\$45,590	
6	\$52,272	
7	\$58,955	
8	\$65,637	
For each additional person, add	\$6,683	

Lifeline Critical Information

- Lifeline service is a government program that enables qualified low-income consumers to receive discounted service on either a wireless or landline phone. Qualifying consumers are limited to one Lifeline service per household. A household is any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers. Any such violation of the one-per-household limitation constitutes a violation of federal law and will result in the subscriber's de-enrollment from the program. Defrauding a federal government program may also result in fines and/or criminal prosecution, and/or being barred from future participation in government programs.
- Lifeline is a non-transferable benefit. The subscriber may not transfer his or her benefit to any other person at any time.

Participant Responsibilities

- Subscriber will notify their carrier within 30 days if, for any reason, he or she no longer meets the eligibility requirements listed above.
- If the subscriber moves to a new address, he or she will provide that new address to their carrier within 30 days.

Toll Limitation

- ☐ I elect to not allow the completion of outgoing toll (long distance) calls from my telephone. (Note: You will not be charged a deposit to initiate service if you elect toll limitation.)

Subscriber Acknowledgements

I acknowledge and certify under penalty of perjury that (1) I have read the information in this application; (2) the information contained in this application is true and correct; and (3) I understand that I must meet the above qualifications to receive Lifeline and Link-Up assistance.

- 1) I understand that Lifeline support is only available for a single telephone line at my principal residence or a cellular subscriber line.
- 2) I understand that I may not receive Link-Up assistance more than once at the same principle residence.
- 3) I understand that completion of this application does not constitute immediate enrollment in this program.
- 4) I understand service will be provided subject to the terms and conditions of service explained by the customer service agent, rate plan brochure and Lifeline and Link-Up application.
- 5) I agree to notify ATU/WCC within thirty (30) calendar days if (A) my household income exceeds 135% of the federal poverty guidelines or (B) I no longer participate in the program(s) identified above.
- 6) I further consent to the release of the information on this application internally (including financial information) pursuant to the administration of this program.
- 7) I understand that providing false statements in order to receive a federal government program is punishable by law.
- 8) I understand that at any time, I will be required to provide continued proof of eligibility, and if I fail to provide that information, it will result in my de-enrollment and the termination of my benefit of Lifeline service.
- 9) I give consent for my information to be shared with the Universal Service Administration Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit.
- 10) The information contained in this application is true and correct to the best of my knowledge.

Printed Name of Applicant

Signature of Applicant

Date

*****OFFICIAL OFFICE USE ONLY*****

ADAK TELEPHONE UTILITY AND WINDY CITY CELLULAR INTERNAL

- Application received and processed by: _____
Print Name
- _____ Location
- Type of Lifeline Service Applied for: ☐ Landline ☐ Mobile
- Link-Up benefit requested: ☐ Yes ☐ No
- Document reviewed for eligibility: _____
- Date of expiration: _____
- Name on Form matches Life line Application ☐ Yes ☐ No
- Address on Form matches Lifeline Application ☐ Yes ☐ No
- How was the document received: _____
- Date Form was reviewed for Certification: _____
- Date service was initiated: _____
- ATU/WCC Customer Number Assigned: _____

**[Company/Agency Letterhead]
Lifeline Household Worksheet**

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

- Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) YES NO
 - If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
 - If you checked NO, please answer question #2.
- Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent	<u> </u> YES <u> </u> NO	D. An adult roommate	<u> </u> YES <u> </u> NO
B. An adult son or daughter	<u> </u> YES <u> </u> NO	E. Other	<u> </u> YES <u> </u> NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	<u> </u> YES <u> </u> NO		

 - If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked YES, please answer question #3.
- Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? YES NO
 - If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked YES, then your address includes only one household. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to _____ [insert company or agency name] along with your Lifeline application.

- I certify that I live at an address occupied by multiple households.
- I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____ Date _____

Study Area Code 610989

Study Area Name Adak Telephone Utility

Line 310

Unfulfilled Voice Service Request:

NOTE:

Adak Telephone Utility (ATU) has no unfulfilled service requests for calendar year ending 2013.

Operating Report for Telecommunications Borrowers

Pages 32 – 40

Redacted for Public Inspection

**Report of Independent Auditors and Consolidated
Financial Statements**

Pages 41 – 60

Redacted for Public Inspection



[USAC Home](#) | [High Cost Program](#) | [Search Tools](#) | [Form 481](#)

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Wed 25 Jun 14 05:28:58 PM EDT by aweaver@adaktu.net .

SAC : 610989

SPIN : 143030419

Carrier Name : ADAK TEL UTILITY

Program Year : 2015

[Return to 481 Search](#)
